

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/550,141

FILING DATE

9-21-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11	1					
12		1				
13		2				
14		2				
15		2				
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49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						